

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 EAST JACKSON ST MUNCIE, IN47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/03/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/17/11</p> <p>Facility Number: 000269 Provider Number: 155400 Aim Number: 100267720</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Liberty Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Only 300 Hall has smoke detectors in the</p>			K0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>resident rooms. The facility has a capacity of 104 and had a census of 86 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/24/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0066 SS=E	<p>Based on observation and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect 4 residents in the Dining room porch area where smoking was permitted as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/17/11 at 04:02 p.m. with the Administrator, the smoking area attached and adjacent to the Main dining room had over one hundred cigarette butts wrapped in clear plastic deposited in a plastic container which was full of paper goods and products instead of the approved metal container which was provided. Based on interview on 03/17/11 at 04:08 p.m. with the Administrator, it was acknowledged the facility's employees disposed of cigarette butts into a plastic container full of paper products instead of using an approved metal container with a self closing lid which was provided at the site.</p> <p>This deficiency was cited on 02/03/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			K0066	<p>1. On March 18, 2011, the facility removed all trash containers from the area where smoking is permitted.2. All residents who utilize this smoking area have the potential to be affected. The smoking area has been cleared of any container that is not appropriate for disposal of cigarette butts, leaving only ashtrays on the tables for discarded smoking materials, such as ashes and cigarette butts.3. The Housekeeping department will daily dispose of discarded smoking materials in the trash dumpsters more than 100 feet behind the facility's smoking area.4. The Housekeeping Manager will daily visually check the smoking area to ensure that the smoking area remains clear of discarded smoking materials and free of any combustible materials or containers.5. The Administrator and the Housekeeping Manager will be responsible for reviewing and discussing this plan of correction in the facility's quarterly QA meeting and adjust the plan accordingly.6. The above corrections were completed on March 18, 2011.</p>		03/18/2011

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	3.1-19(b)						